

for more attention to this subject by the physician.

Anything which promises real assistance in the prevention of sickness is of appealing interest to the practitioner, who must always be the most substantial proponent and promoter of preventive measures. His work on behalf of the general weal will always be carried on quietly and without the dramatic effect of either public or private health organizations, but the combined effort of the profession must ever be the principal factor in disease prevention. The liberality of the Rockefeller Foundation in endowing schools of hygiene, such as that now under construction at the University of Toronto, may be taken as recognition of the basic importance of the physician in the work on behalf of the public health, which that great Foundation is sponsoring. And as the Foundation does not bestow its favours without fair assurance of satisfactory results, it may be taken that its beneficence to medical education is an avowal of confidence in the profession.

We have long recognized the importance of what is loosely termed the mental factor in disease. It is a puzzling and elusive factor, and a veritable bug-a-boo to most of us. In no field of medicine are there greater or more intricate subjects to be solved than in psychiatry, and in no field is there greater promise of

results of general application to medical practice. In the few years during which psychiatric study has had real encouragement very substantial progress has been made. This would be more generally appreciated were it not that psychiatric literature has become somewhat difficult of comprehension. A nearer approach to the vernacular, on the part of psychiatrists, would be welcomed by the busy practitioner whose dictionaries are more than a few days old. This will come with clarification of the mechanism of mental activities, to which much study is now being given.

The quiet but efficient work being carried on by the Canadian National Committee for Mental Hygiene, perhaps more notably at Montreal and Toronto, deserves the recognition and commendation of the profession. In general, it is much along the lines to be followed by the New York Institute, although of more modest proportions. Our National Committee is training psychiatrists and psychiatric social workers who will undoubtedly aid materially in the solution of problems which as yet prove baffling. All such work is aimed at results which must ultimately influence medical teaching and medical practice. The profession, therefore, cannot be indifferent to it, and will not withhold its sympathetic interest and active support as long as it is being prosecuted along safe and sane lines.

W. H. HATTIE

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## THE SANATORIUM AND THE STUDENT

WE are in receipt of an interesting article by Dr. David A. Stewart of Ninette reprinted from the Transactions of the twenty-first annual meeting of the National Tuberculosis Association, 1925, which is well worthy of perusal by teachers, and, indeed, by physicians in general. It very properly advocates the use of the sanatorium as one of the laboratories for student training. Dr. Stewart draws attention to the fact that the sanatorium offers the student not only an opportunity to study tuberculosis in

the majority of its manifestations, but much more besides. The modern sanatorium is an excellent field for the study of clinical medicine in general, but more than that, it gives to the student an appreciation of the sound principles of public health and community welfare. He can absorb fundamental facts in the psychology of therapeutics; he will see how environment and a healthy *morale*, as well as the physical environment, influence the cure of disease. He will re-

ceive inspiration by noting the efficacy of team-work in the sphere of preventive medicine, and he will appreciate the importance and significance of the trinity of health—good air, good food and rest, in therapeutics.

We believe that every student could

and should have the opportunity to benefit by a few weeks' sojourn in a sanatorium, under the supervision of well-trained teachers.

For that reason, we welcome this contribution to education, and commend it to our readers.

C. F. MARTIN

## THE EPILEPSIES

IN the *British Medical Journal* of July 3, 1926, there appears a lecture by Dr. S. A. Kinnier Wilson in which is presented a critical survey of some of the many theories which have been offered from time to time to explain the pathogenesis of the epileptic attack. As Dr. Wilson points out, there is no disease easier of diagnosis or in which the external manifestations are more readily apparent and yet none, of which the etiology or pathogenesis is more obscure. No disease, on the other hand, is more devastating to society, more hopeless to the subject, or more discouraging to the physician.

In recognizing the fit as a symptom only of some obscure cerebral pathology, Dr. Wilson observes the inadequacy and looseness of the usual diagnosis of epilepsy, and reminds the profession of its unjustifiable readiness to so designate any condition in which a fit is manifested. From the not infrequent case in which the individual has had one major fit in a lifetime, to the more doubtful "psychic equivalent" and, more recently still, to the "striatal epilepsy" of continental observers, we find the same diagnosis in vogue.

A critical discussion of the nature of the fit, the neural mechanism through which it is discharged, and the type of movement in a general fit, is embodied in the lecture. His observations on the physiology of fit production, on the "march" of movement in a Jacksonian fit, serve to establish the physiological and dispel any recently formulated psychological basis of an attack.

Within recent years an effort has been made to include the epileptic fit within

the ever-widening scope of psychological geneses with, of course, its accompanying amelioration by psychotherapy; but it would appear as reasonable to attempt an explanation of the clinical picture of Parkinson's disease on a psychological basis, as that of the epileptic fit. It is difficult to conceive a more strikingly organic manifestation than that embodied in a typical fit. In Dr. Wilson's own words we have an appropriate comment:

"Holding these views of the physiological phenomena of a general convulsion, I can scarcely regard with patience various speculations indulged in by some, to the effect that the convulsive movements are identical with those of the foetus in utero, and that they represent an attempt on the part of the sufferer to retreat again for shelter from an unsympathetic environment into the stillness of the amniotic fluid. I do not consider that they have any 'meaning' whatever; they are of no more significance than an explosion of powder. Even in respect of the 'march' of movement in a Jacksonian fit, the clinical type of exaggerated, caricatured movement in no way resembles those that are called 'voluntary' or purposive, while the 'march' of the movements follows anatomico-physiological lines alone and presents no point of comparison, but many of contrast, with the co-ordinated movements of a limb in health."

While it may be conceded that certain stuporose states, dramatic gestures or catatonic attitudes are the outward expressions of underlying mental complexes in functional disease—the psychoses and psychoneuroses—they are obviously purposive and retain that individuality of